

TIMBER OPERATIONS PERMIT
WASHINGTON COUNTY

PERMIT # _____

PERMIT ISSUE DATE _____ PERMIT EXPIRATION DATE _____

BOND HOLDER/CO. POSTING BOND _____

BOND EXPIRATION DATE _____ AMOUNT OF BOND \$5000.00

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

OFFICE PHONE _____ MOBILE PHONE _____

CONTACT PERSON OF COMPANY POSTING BOND _____

TIMBER HARVESTER _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

OFFICE PHONE _____ MOBILE PHONE _____

CONTACT PERSON ON SITE _____

TRUCKING COMPANY(S) AS SHOWN ON TRUCKS-LIST ALL COMPANIES:

OWNER OF PROPERTY _____

ADDRESS _____

LOCATION OF TRACT TO BE HARVESTED _____

MAP & PARCEL # OF TRACT _____ # ACRES HARVESTED _____

ROUTE COUNTY, STATE OR FEDERAL ROAD TO BE USED AS ACCESS TO AND FROM PROPERTY. THIS ROUTE IS TO BE USED FOR LOADED TRUCKS AND UNLOADED TRUCKS UNLESS SPECIFICALLY NOTED. (ACTUAL ROUTE WILL BE DETERMINED BY WACO.)

PROJECTED START DATE OF TIMBER HARVESTING _____

PERMIT HOLDER/APPLICANT (PRINT NAME)

SIGNATURE

“BY SIGNING THIS APPLICATION, PERMIT HOLDER ACKNOWLEDGES TAT HE/SHE IS RESPONSIBLE FOR FULL COMPLIANCE WITH ALL CONDITIONS OF THIS PERMIT, AND IS FURTHER RESPONSIBLE FOR ANY VIOLATIONS BY ALL WORKERS, LOGGERS, TRUCKERS, HARVESTERS, ETC. OF THE CONDITIONS OF THIS PERMIT. SAID PERMIT HOLDER IS ALSO AWARE OF POSSIBLE FINES AND FINANCIAL RESPONSIBILITIES FOR VIOLATIONS OF THIS ORDINANCE.”